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DOI: https://doi.org/10.1016/S1470-2045(17)30515-6

Originally published at:
Weller, Michael; van den Bent, Martin; Tonn, Jörg C; Stupp, Roger; Preusser, Matthias; Cohen-Jonathan-Moyal, Elizabeth; Henriksson, Roger; Le Rhun, Emilie; Balana, Carmen; Chinot, Olivier; Bendszus, Martin; Reijneveld, Jaap C; Dhermain, Frederic; French, Pim; Marosi, Christine; Watts, Colin; Oberg, Ingela; Pilkington, Geoffrey; Baumert, Brigitta G; Taphoorn, Martin J B; Hegi, Monika; Westphal, Manfred; Reifenberger, Guido; Soffietti, Riccardo; Wick, Wolfgang; European Association for Neuro-Oncology (EANO) (2017). Evidence-based management of adult patients with diffuse glioma - Authors' reply. Lancet Oncology, 18(8):e430-e431.
DOI: https://doi.org/10.1016/S1470-2045(17)30515-6

Evidence-based management of adult patients with diffuse glioma: A long and winding road

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We appreciate the interest of our colleagues representing the European low-grade glioma network in the updated EANO guidelines (1). Such guidelines often represent a multidisciplinary consensus that aims at providing guidance also in areas where evidence from conclusive clinical studies is limited or absent. Our colleagues miss a specific reference to the value of radiological growth rates. If we did not think that the assessment of tumor growth by neuroimaging was important, we would not have recommended regular MRI scanning to determine benefit from treatment and need for re-intervention. However, no prospective systematic outcome study informs us on how to integrate radiological growth rates into clinical decision making, notably regarding timepoints of interventions. Furthermore, our colleagues are at odds with our assessment of the scientific literature on the role of surgery for adult glioma patients. Yet, our assessment of the evidence, which is a result of multi-disciplinary consensus involving leading neurosurgeons in Europe, is fully consistent with the current Cochrane review (2) which reinforces the need for randomized controlled

clinical trials in this situation. We agree that the recent longterm follow-up on the Norwegian cohort study is suggestive of a benefit of early surgical intervention in patients with «low grade» gliomas across the major molecular subtypes (3) and may in fact be the best evidence for a role of early surgery in this patient population published so far (4). Yet, this cohort study cannot be considered conclusive regarding the value of resection, moreover, the article was not available in the public domain when we prepared the EANO guideline (1). Finally, it is incorrect to state that cognitive function and quality of life assessments are not mentioned: they are in fact mentioned as part of the clinical examination, further, this was not the main scope of this guideline and the importance of cognitive function and quality of life in the overall management strategies for adult glioma patients has recently been addressed in a separate EANO guideline (5).

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